

Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

DATA REQUEST BY AN INDIVIDUAL

Please **PRINT** all information except where a signature is required.

REQUIRED INFORMATION

Name: _____
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

Address: _____
Street Apt. /Suite #

_____ City State Zip Code

Date of birth: _____
Month Day Year (MM/DD/YYYY)

Description of data requested: _____

Time period of data requested (if applicable): _____

I would like to (check one):
☐ inspect (look at) the requested data at the BCA (no charge)
☐ receive copies of the requested data (a fee may apply)

OPTIONAL CONTACT INFORMATION

Telephone: () Email: _____

If you mail this form, you must sign below in the presence of a Notary Public. Mail to: Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo ID.

Signature: _____

STATE OF MINNESOTA)
COUNTY OF _____) ss

Signed or attested before me this _____ day of _____, 20____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

For BCA use only — Identity verified by valid, government-issued photo ID: _____
(Initials of staff member)